



PART B - FEE(S) TRANSMITTAL

Complete and send this form together with applicable fee(s), to: **Mail Stop ISSUE FEE**
Commissioner for Patents
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7590

06/03/2003

Shlesinger, Fitzsimmons & Shlesinger
Suite 1323
183 East Main Street
Rochester, NY 14604

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Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name)

(Signature)

(Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/082,842 | 02/21/2002 | Albert G. Choate | | 4627 |

TITLE OF INVENTION: VARIABLE INCIDENCE OBLIQUE ILLUMINATOR DEVICE

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|---------------------------|-----------------|---------------------------|------------|
| nonprovisional | YES | \$650 \$665 | \$300 | \$950 \$965 | 09/03/2003 |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS | | |
| ALAVI, ALI | | 2875 | 362-239000 | | |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. SHLESINGER,
2. FITZSIMMONS &
3. SHLESINGER

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent)

☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☐ Advance Order - # of Copies _____

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☐ The Commissioner is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-2105 (enclose an extra copy of this form) **Deficiency only**

Commissioner for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

Reg. No. (Date)

33,166

11/24/03

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Adjustment Date: 11/28/2003 SDIRETAE

11/26/2003 SDIRETAE 00000048 10082842

01 FC:1501 -1330.00 OP

11/26/2003 SDIRETAE 00000048 10082842

01 FC:1501 1330.00 OP

02 FC:1504 300.00 OP

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01 FC:2501 665.00 OP

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